



# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

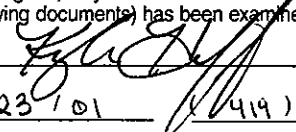
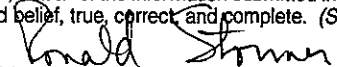
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER  0 2 8 - 7 4 0	2. PERIOD COVERED MO DAY YEAR From 0 1 0 1 2 0 0 0 Through 1 2 3 1 2 0 0 0	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	8. MAILING ADDRESS (Type or print in capital letters.) First Name _____ Last Name _____ P.O. Box • Building and Room Number (if any) _____ Number and Street _____ City _____ State _____ ZIP Code + 4 _____		
RONALD STORMER (2) 028-740 HOTEL EMPL, RESTAURANT EMPL AFL-CIO 220 LU 84 933 SUMMIT ST TOLEDO, OH 43604 12/2000 			
4. AFFILIATION OR ORGANIZATION NAME			
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)			

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)

Item Number	
10	} See Attached
11	
16	
23	

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: 	PRESIDENT (If other title, see instructions.)	77. SIGNED: 	TREASURER (If other title, see instructions.)
<u>2 / 23 / 01</u>	<u>(419) 244 - 8698</u>	<u>2 / 23 / 01</u>	<u>(419) 244 - 8698</u>
Date	Telephone Number	Date	Telephone Number

*During the Reporting Period Did Your Organization:*

- |  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 12. Have a political action committee (PAC) fund? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property? .....<br>(Answer "Yes" even if there has been repayment or recovery.)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 17. Liquidate or reduce any liabilities without disbursement of cash? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 1 6 3 6
19. What is the date of your organization's next regular election of officers? MO 0 3 YEAR 2 0 0 3
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 4 0 0 0 0 0
21. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 15.95 to 29.60 per month (Month, Year, etc.)
(b) Initiation Fees	\$ 30.30 to 45.30
(c) Transfer Fees	\$ N/A
(d) Work Permits	\$ 1.50 per day (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ..... Yes ☐ No ☒  
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ..... X ☐
24. Did your organization have any contingent liabilities at the end of the reporting period? ..... ☐ X ☐

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

# STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0 2 8 — 7 4 0

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS		From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item				
<b>ASSETS</b>	25. Cash.....			8 3 4 6 4	6 9 5 1 1
	26. Accounts Receivable.....				
	27. Loans Receivable.....	1			
	28. U.S. Treasury Securities .....				
	29. Investments .....	2			
	30. Fixed Assets .....	5	1 7 8 3 9 3	1 5 6 9 5 6	
	31. Other Assets .....	3			
	32. TOTAL ASSETS .....		2 6 1 8 5 7	2 2 6 4 6 7	
<b>LIABILITIES</b>	LIABILITIES		From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	Item				
	33. Accounts Payable.....			1 6 6 7 2	9 3 7 4
	34. Loans Payable.....	8	1 2 4 9 7 2	1 1 3 3 1 1	
	35. Mortgages Payable .....				
	36. Other Liabilities .....	4			
	37. TOTAL LIABILITIES .....		1 4 1 6 4 4	1 2 2 6 8 5	
38. NET ASSETS (Item 32 less Item 37) .....			1 2 0 2 1 3	1 0 3 7 8 2	

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 2 8 7 4 0

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues .....			4 6 7 4 3 7	56. To Officers .....	9		4 2 6 8 1
40. Per Capita Tax .....				57. To Employees .....	10		6 5 8 7 2
41. Fees .....			2 2 6 6 7	58. Per Capita Tax .....			2 5 1 3 8 4
42. Fines .....				59. Fees, Fines, Assessments, etc. ....			
43. Assessments .....				60. Office & Administrative Expense ....	13		4 8 0 0 9
44. Work Permits .....			4 1 8 4 2	61. Educational & Publicity Expense ...			
45. Sale of Supplies .....				62. Professional Fees .....			5 4 8 5
46. Interest .....			1 9 7 3	63. Benefits .....	11		3 1 4 0 8
47. Dividends .....				64. Contributions, Gifts & Grants .....	12		5 7 0 7
48. Rents .....			2 0 3 5 6	65. Supplies for Resale .....			
49. Sale of Investments & Fixed Assets .....	6			66. Direct Taxes .....			1 6 8 5 7
50. Loans Obtained .....	8			67. Withholding Taxes .....			4 2 8 7 1
51. Repayments of Loans Made .....	1			68. Purchase of Investments & Fixed Assets .....	7		7 5 0 0
52. On Behalf of Affiliates for Transmittal to Them .....				69. Loans Made .....	1		
53. From Members for Disbursement on Their Behalf .....				70. Repayment of Loans Obtained .....	8		1 1 6 6 1
54. Other Receipts .....	14		2 6 0 4 3	71. To Affiliates of Funds Collected on Their Behalf .....			
				72. On Behalf of Individual Members ...			
				73. Other Disbursements .....	15		6 4 8 3 6
55. TOTAL RECEIPTS .....			5 8 0 3 1 8	74. TOTAL DISBURSEMENTS .....			5 9 4 2 7 1

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 0 2 8 - 7 4 0

**Enter Amounts in Dollars Only — Do Not Enter Cents**

## SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____		N/A			
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in ..... <div style="display: flex; justify-content: space-between; width: 100%;"> <div>             ↑ Item 27 Column (A)           </div> <div>             ↑ Item 69           </div> <div>             ↑ Item 51           </div> <div>             ↑ Item 75 with Explanation           </div> <div>             ↑ Item 27 Column (B)           </div> </div>					

## SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	N / A
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
<b>Other Investments</b>	
4. Total Cost	N / A
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	
Enter the Total from Line 7 in ..... Item 29, Column (B)	

FILE NUMBER: 0 2 8 - 7 4 0

## SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. N / A	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in ..... Item 31, Column (B)	

## SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. N / A	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in ..... Item 36, Column (D)	

# **SCHEDULE 5 — FIXED ASSETS**

FILE NUMBER: 0 2 8 — 7 4 0

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 933 Summit St Toledo OH	9400		9400	
2. Totals from additional pages (if any)				
3. Buildings (give location): 933 Summit St Toledo OH	287112	161739	125373	
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	7500	1500	6000	
6. Office Furniture and Equipment	74501	58318	16183	
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	378513	221557	1 5 6 9 5 6	

Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)

# **SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS**


Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. N/A				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales	

Enter the Total from Line 8 in ..... Item 49

# SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS






FILE NUMBER: 0 2 8 - 7 4 0

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Van	7500	7500	7500
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	7500	7500	7500
	7. Less Reinvestments		0
	8. Net Purchases		7 5 0 0

Enter the Total from Line 8 in .....  Item 68

# SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. H.E.R.E. International	Union 70972		6000		64972
2. Fifth Third Bank	54000		5661		48339
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	1 2 4 9 7 2		1 1 6 6 1		1 1 3 3 1 1

Enter the Totals from Line 6 in .....  Item 34 Column (C) .....  Item 50 .....  Item 70 .....  Item 75 with Explanation .....  Item 34 Column (D)



# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 2 8 - 7 4 0

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. STORMER RONALD Title FIN SEC / TREAS Status C		2 1 8 4 0		8 8 0		2 2 7 2 0
2. HUFF KYLE Title PRESIDENT Status C		3 7 0 3 1		5 7 2		3 7 6 0 3
3. RIDLEY STEVE Title VICE PRESIDENT Status C		0		7 3 4		7 3 4
4. WARNER SHARON Title RECORDING SEC Status C						
5. GOODMAN PHYLLIS Title EXEC BOARD Status C						
6. HOWARD HELEN Title EXEC BOARD Status C						
7. WORTHAM VERNICE Title EXEC BOARD Status C						
8. Totals from additional pages (if any)		0	0	0	0	0
9. Totals of Lines 1 through 8		58871	0	2186	0	61057
				10. Less Deductions 1 8 3 7 6		
Enter the Total from Line 11 in ..... Item 56 ➞				11. Net Disbursements 4 2 6 8 1		

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

# SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 2 8 - 7 4 0

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(If applicable)</small>					
1. <small>Last Name</small> CONLEY <small>First Name</small> GARY  <small>Position</small> BUSINESS AGENT  <small>Name of Affiliated Organization</small>	3 3 0 2 0		1 2 1		3 3 1 4 1
2. <small>Last Name</small> WILCOX <small>First Name</small> KATHLEEN  <small>Position</small> BOOKKEEPER  <small>Name of Affiliated Organization</small>	3 1 5 8 0				3 1 5 8 0
3. <small>Last Name</small> SETH <small>First Name</small> RACHEL  <small>Position</small> SECRETARY  <small>Name of Affiliated Organization</small>	1 5 6 2 8				1 5 6 2 8
4. <small>Last Name</small> <small>First Name</small>  <small>Position</small>  <small>Name of Affiliated Organization</small>					
5. <small>Last Name</small> <small>First Name</small>  <small>Position</small>  <small>Name of Affiliated Organization</small>					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	10018	0	0	0	10018
8. Totals of Lines 1 through 7	90246	0	121	0	90367
9. Less Deductions			2 4 4 9 5		
Enter the Total from Line 10 in..... Item 57 ➡			10. Net Disbursements 6 5 8 7 2		

# SCHEDULE 11 — BENEFITS

FILE NUMBER: 0 2 8 - 7 4 0

Description (A)	To Whom Paid (B)	Amount (C)
1. INTERNATIONAL DEATH BENEFIT	VARIOUS INDIVIDUALS	1250
2. LOST EARNINGS & WITNESS FEES	VARIOUS INDIVIDUALS	7493
3. HEALTH & WELFARE TRUST	AFL - CIO FOOD & BEVERAGE TRUST	10632
4. PENSION	INTERNATIONAL UNION	12033
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		3 1 4 0 8
Enter the Total from Line 6 .....		↑ Item 63


# SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. FLOWERS & MEMORIALS	405
2. SUPPORT & DONATIONS	5302
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	5 7 0 7
Enter the Total from Line 8 in ..... ↑ Item 64	


# SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. PUBLICATIONS & JOURNALS	3262
2. COMPUTER SUPPLIES	5246
3. POSTAGE	7416
4. PRINTING	2906
5. OFFICE SUPPLIES	12506
6. TELEPHONE	16673
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	4 8 0 0 9
Enter the Total from Line 8 in ..... ↑ Item 60	

# **SCHEDULE 14 — OTHER RECEIPTS**

Description (A)	Amount (B)
1. INTERNATIONAL BURIAL BENEFIT	1000
2. INTERNATIONAL REIMBURSEMENT	12276
3. TRUST FUND REIMBURSEMENT	2610
4. MISCELLANEOUS REIMBURSEMENT	10157
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	2 6 0 4 3
Enter the Total from Line 17 in .....  Item 54	

# **SCHEDULE 15 — OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. ARBITRATION	150
2. STEWARDS	8706
3. BANK CHARGES	3041
4. MEETING EXPENSE	5421
5. REPAIRS & MAINTENANCE	6691
6. UTILITIES	18242
7. INSURANCE	2518
8. INTEREST	5756
9. SEMINARS & CONFERENCES	568
10. BUILDING SUPPLIES	1464
11. TRAVEL	6039
12. DUES REFUNDS	6240
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	6 4 8 3 6
Enter the Total from Line 17 in .....  Item 73	

ORGANIZATION NAME:  
**H.E.R.E. Local 84 AFL-CIO**

ENDING DATE OF PERIOD COVERED: **12-31-00**

FILE NUMBER: **0 2 8 - 7 4 0**

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name <u>MURRAY</u> First Name <u>LOIS</u>		0	0	0	0	0
Title <u>EXEC BOARD</u> Status <u>C</u>						
Last Name <u>EITNIEAR</u> First Name <u>CINDY</u>		0	0	0	0	0
Title <u>EXEC BOARD</u> Status <u>C</u>						
Last Name <u>BIBLE</u> First Name <u>JILL</u>		0	0	0	0	0
Title <u>TRUSTEE</u> Status <u>C</u>						
Last Name <u>JAWORSKI</u> First Name <u>MARY</u>		0	0	0	0	0
Title <u>TRUSTEE</u> Status <u>C</u>						
Last Name <u>GALLOWAY</u> First Name <u>ROSEMARY</u>		0	0	0	0	0
Title <u>TRUSTEE</u> Status <u>C</u>						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
<b>Totals</b>		0	0	0	0	0

ORGANIZATION NAME:

FILE NUMBER:

ENDING DATE OF PERIOD COVERED:

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

**SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS** *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Totals						

NAME: HOTEL EMPLOYEES RESTAURANT EMPLOYEES AFL-CIO LOCAL 84

ADDRESS: 933 SUMMIT STREET  
TOLEDO, OH 43604

FORM: LM-2 FOR 2000 FILE NO: 028-740

PAGE 1, LINE 75: ADDITIONAL INFORMATION

ITEM 10: A BUILDING CORPORATION KNOWN AS HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES LOCAL 84 BUILDING CORPORATION OF OHIO WAS FORMED TO HOLD AND OPERATE THE BUILDING AND PROPERTY AT 933 SUMMIT STREET, TOLEDO, OHIO 43604. THE INFORMATION CONCERNING ITS FINANCIAL CONDITIONS AND OPERATIONS IS INCLUDED IN THIS REPORT.

ITEM 11: AFL-CIO FOOD AND BEVERAGE DEALERS TRUST FUND  
933 SUMMIT STREET  
TOLEDO, OHIO 43604  
HOSPITALIZATION, SICK, ACCIDENT AND LIFE

ITEM 16: RON STORMER, FINANCIAL SECRETARY, TREASURER, ALSO RECEIVED A SALARY FROM THE H.E.R.E. INTERNATIONAL UNION IN 2000.

ITEM 23: THE MORTGAGE IS SECURED BY THE LAND AND BUILDING AT 933 SUMMIT STREET, TOLEDO, OHIO 43604.

